

# Health

Major Initiatives and Accomplishments

August 5, 2003

## Major themes:

- Utahns are healthier.
- More citizens have health insurance.
- Residents pay less for health care.
- Communities are safer.
- We are nationally recognized.

## 1. Utahns are healthier.

### a. Utah has improved in key indicators used to measure health.

Health Status Indicators	1992	2001	% change
Utah immunization rates	43.7 (1995)	75.7% (2002)	+ 73%
Heart disease (Deaths / 100,000)	167	115	- 31%
Teen smoking rates	17.4% (1993)	11.9% (1999)	- 32%
Infant mortality rates (Deaths / 1000)	5.8	4.8	- 16%
Breast cancer (Deaths / 1000 women)	27	22	- 19%
Teen pregnancy (ages 15-17) (Rate / 1000 females)	37.8	25.3	- 33%

\* Source: Utah Department of Health

### b. Utah receives national accolades for a healthy population.

- Utah was recently named by the Centers for Disease Control as the most improved state in the nation with regard to childhood immunizations.
- The UnitedHealth Foundation ranked Utahns fourth-healthiest in 2002.

## 2. More citizens have health insurance.

### a. HealthPrint

Governor Leavitt introduced HealthPrint in 1994 as a comprehensive but incremental approach to addressing the cost, quality and access aspects of health reform that would increase the number of Utahns with health insurance.

Total # of insured	1992	2001	Change
Adults	1,084,000	1,416,000	+332,000
Children	609,000	681,000	+ 72,000

\*Source: Utah Department of Health

### b. Primary Care Network (PCN) / COVERED at WORK

PCN is a new groundbreaking Medicaid Waiver approved in 2002 allowing Utah to offer either a limited medical benefit to many uninsured working adults, or a monthly subsidy to help them purchase their employers coverage where available. The PCN program opened for business on July 1, 2002 and has had a very strong response.

- # of adults enrolled in PCN 17,000
- expected enrollment by July 2004 25,000

### c. Children's Health Insurance Program (CHIP)

- Helped reduce the uninsured rates for children in Utah to its lowest point ever at 6.7%.
  - # of children enrolled in CHIP, 2003: 24,000 (monthly avg.)
  - # of children enrolled in CHIP, 2004 estimate: 28,000 (monthly avg.)
- Over 60,000 Utah children have been served by the program since its inception.
- Governor Leavitt was the lead Governor that negotiated with Congress to secure passage of this new national program to reach more uninsured children.

### d. FlexCare

FlexCare is an innovative Utah initiative to enable long term residents of nursing homes to move back into the community with the support of personal case managers and an integrated medical care team.

- Currently, 285 people have successfully moved out of nursing homes, and are living back in their communities.
- The project cuts through the medical care and supervision barriers that have prevented people from leaving nursing homes. Returning to the community, these individuals regain control of their daily lives, regain the

personal privacy they had long ago given up, and reestablish social networks that they had lost.

- The program costs no more per person than nursing home care. The program has only been available in parts of the Wasatch Front but because of its success is being requested by other communities.

#### **FlexCare Personal Story**

Betty Ann Shaughnessy, who had lived in a nursing home for a year following cataract surgery, is one of the individuals who made a successful transition to the FlexCare project. After attending a Department of Health education session held in her nursing home and working with a FlexCare clinical team, Betty Ann moved into a community living arrangement in February 2002. Three months later the 79-year old reported she was thrilled with her increased independence. "I was depressed and wanted my own space. When Linda and Leslie (the FlexCare clinical team) came along, they were my angels," says Shaughnessy. "Without them I would still be in the nursing home."

#### **e. Integrated mental health**

- Utah developed a comprehensive approach to treating people with serious mental illness such as schizophrenia that combined medical treatment with housing, employment training, community case managers and other supportive services to allow them to move from institutions to independent living.
- This approach has become a model lauded by the President's Commission on Mental Health during national hearings on how to improve the system.

#### **Integrated Mental Health Personal Story**

Suzanne had struggled with schizophrenia for 12 years after a successful career in financial management. She was institutionalized seven times in 10 years and lost contact with her children. No state had a system for dealing with her complex mental health needs while also providing housing and ongoing case management. Suzanne ended up in Utah 5 years ago and after a brief hospitalization to stabilize her, followed by an intense rehabilitation program in a residential setting, she was placed into her own apartment with her two children to start over. Two years later Suzanne and her children are doing extremely well. The Utah mental health system continues to follow her and provide ongoing evaluation, medication management and support to her and her children. This success would not have been possible in any other State.

**f. Veterans' Nursing Home**

- Utah put up construction funds in a partnership with the federal Veterans Administration to build the first nursing home in the State specifically serving Utah's veterans. Part of the negotiations resulted in the United States Government transferring 3 acres of federal land to state ownership right in the heart of the VA Hospital complex to assure coordinated operation with the hospital, and clear ownership by the State.
- The Department of Health oversaw the design and construction of this facility.
- This 80 bed Veterans Nursing Home opened in 1998 and has been operating at capacity since 2000. The Home meets the unique needs of the veteran community in Utah. Twenty beds are dedicated to serving veterans with Alzheimer's and dementia-related conditions.

**3. Residents pay less for health care.**

	Utah per Capita	U.S. per Capita
Hospital	\$1,016	\$1,405
Physician	\$763	\$1,095
Nursing Home	\$140	\$325
Pharmacy	\$394	\$451
Other	\$418	\$483
<b>TOTAL (Annual)</b>	<b>\$2,731</b>	<b>\$3,759</b>

\*Source: U.S. Department of Health and Human Services, 1998

**4. Communities are safer.**

**a. Utah Clean Air Act**

- The Utah Indoor Clean Air Act (UICAA) went into effect January 1, 1995, significantly reducing Utahns exposure to secondhand smoke in most public places, including private businesses and eating establishments.

- Exposure to secondhand smoke is linked to lung cancer, heart disease, and lung ailments such as asthma and bronchitis, among others.
- At the time of its passage, the UICAA was one of the strongest laws of its kind in the country.
- Research shows that Clean Indoor Air laws prompt smokers to quit and prevent youth from starting.
- Utah has the highest rate of smoke-free work site policy coverage in the U.S. (89.3% of Utah work sites are smoke-free.)

**b. Bioterrorism response**

- In response to events of September 11, 2001 and the following anthrax cases, Federal Funding has been provided to Utah to prepare for a bioterrorism event. The Utah Department of Health (UDOH) is using these funds, and with the cooperation of local health departments and other partners, significant progress has been made in these preparations.
- Planning, training and equipment have been provided by UDOH to Utah hospitals and health care providers are better prepared for the possibility of outbreaks, such as an intentional smallpox incident. Because of this they were better prepared to respond to the recent SARS cases and potential cases in the future.
- By improving epidemiology capacity, developing reporting software and enhancing laboratory capacity, the public health system in Utah continues to improve the detection of and response to such outbreaks.
- In cooperation with law enforcement agencies and other first responders, Utah is developing leading edge voice and data communications capacities that will allow all agencies to share information during emergencies
- **Utah continues to be recognized by the Centers for Disease Control as a leader in these efforts as we address ongoing bioterrorism preparedness efforts.**

## **5. We are nationally recognized.**

- a. Many of the initiatives that have allowed Utah to make progress in these areas have required both innovation at the state combined with effective leadership at the National level to gain funding or policy support, or both in order to make them happen. Governor Leavitt has consistently been there as the lead Governor working through NGA, RGA, WGA and other organizations to turn federal policy making in the right direction, and to secure federal funding flexibility where needed.
- b. Programs that bear his direct influence include:
- Medicaid benefit plan redesign

## Health, Major Initiatives and Accomplishments

- CHIP – flexibility to create state only programs patterned after public employee benefits rather than Medicaid, and the ability to cap enrollment rather than treating it as an entitlement program.
- PCN/Covered at Work program – this was a major victory for state flexibility in redesigning Medicaid under 1115 Waivers granted by the Secretary of Health & Human Services.
- Bioterrorism funds for states, interoperability goals around Homeland Security, and other preparedness initiatives.